

S/N 10/032703



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Kenneth B. Close et al.	Examiner:	Leo B Tentoni
Serial No.:	10/032703	Group Art Unit:	1732
Filed:	December 28, 2001	Docket:	1443.002US1
Title:	METHOD AND APPARATUS FOR CONTROLLING RETRACTION OF COMPOSITE MATERIALS		

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**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Please charge the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p) to Deposit Account No. 19-0743. Please charge any additional fees or credit any overpayment to Deposit Account No. 19-0743.

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The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

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By their Representatives,

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Date May 25, 2004

By William F. Prout  
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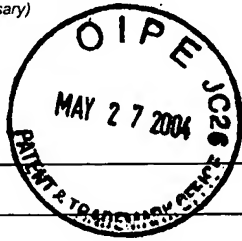
CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 25 day of May, 2004.

Name Gina Uphus

Signature Gina Uphus

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)	Complete if Known	
	Application Number	10/032703
	Filing Date	December 28, 2001
	First Named Inventor	Close, Kenneth
	Group Art Unit	1732
	Examiner Name	Tentoni, Leo
Sheet 1 of 1	Attorney Docket No: 1443.002US1	



US PATENT DOCUMENTS						
Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	Filing Date If Appropriate
	US-2,957,512	10/25/1960	Wade, W	154	33.05	12/24/1953
	US-3,316,136	04/25/1967	Pufahl, J	156	160	05/27/1963
	US-3,644,157	02/22/1972	Draper, Neal M.	156	160	01/27/1970
	US-4,436,780	03/13/1984	Hotchkiss, Harry W., et al.	428	198	09/02/1982
	US-4,543,099	09/24/1985	Bunnelle, William L., et al.	604	385.24	07/19/1982
	US-4,555,811	12/03/1985	Shimalla, Charles J.	2	51	06/13/1984
	US-4,600,620	07/15/1986	Lloyd, John, et al.	428	195.1	08/11/1983
	US-4,692,368	09/08/1987	Taylor, Jack D., et al.	428	137	10/15/1986
	US-6,429,261	08/06/2002	Lang, F. J., et al.	525	191	05/04/2000

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Class	Subclass	T <sup>2</sup>

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional) <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached